

**TELECOMMUNICATIONS DIVISION**

601 Sequoia Pacific Boulevard • Sacramento, CA 95814-0231 • (916) 657-9903

**OFFICE OF NETWORK SERVICES****DIRECTORY LISTING COORDINATOR (DLC)  
DESIGNATION FORM****Note:** All fields are required to be completed

PLEASE PRINT CLEARLY	Primary DLC Information:	Secondary DLC Information
<b>DLC Name:</b>		
<b>DLC Title:</b>		
<b>Telephone Number:</b>	(    ) _____ - _____ x _____	(    ) _____ - _____ x _____
<b>Fax Number:</b>	(    ) _____ - _____	(    ) _____ - _____
<b>Agency Name and Mailing Address:</b> (Include City/State/Zip)		
<b>DLC Mailing Address:</b> (If different from above) (Include City/State/Zip)		
<b>Section Name:</b> (If applicable)		
<b>Unit Name:</b> (If applicable)		
<b>Inter-Agency Mail Station (IMS) Code</b> (For State Agencies Only)		
<b>E-Mail Addresses:</b> (Please provide 2 different e-mail addresses to help ensure at least one person receives the info)		
<b>ACTION TO BE TAKEN:</b> (Put an X in the appropriate box(es))		
Add as new primary DLC:	Y [    ] N [    ]	
Remove current primary DLC:	Y [    ] N [    ]	
Add as new secondary DLC:		Y [    ] N [    ]
Remove current secondary DLC:		Y [    ] N [    ]
<b>Other Change or Comments:</b>		
<b>Effective Date:</b>		
<hr/> <b>Manager/Supervisor Signature:</b> <hr/> <b>Manager/Supervisor Name/Title: (Printed)</b>		